

Division of Fire & Building Safety Division of Elevator Safety 402 West Washington Street, W246 Indianapolis, IN 46204

> http://www.in.gov/dhs/fire fax: (317)232-6609 (317)232-0146

ATTACH ADDITIONAL PAGES AS NEEDED TO COMPLETE THIS APPLICATION

1. APPLICANT INFORMATION						
Jame:				Title:		
Organization Name:		E-mail:				
Address:		Telephone Number:		ne Number:		
City:	Stat	ee: ZIP Code		ZIP Code:		
2. PROOF OF ELIGIBILITY						
The following must be submitted: () Proof showing that you meet the requirements set forth in ASME National Standard QEI-1.						
3. PROOF OF INSURANCE						
One of the following must be submitted: (<i>check applicable box</i>): □ Certificate of Insurance that complies with the requirements of IC 22-15-5-14. □ Documentation showing that you are employed as an elevator inspector for the state of Indiana, an Indiana municipality, an Indiana county, or an Indiana educational institution (as defined by IC 20-12-0.5-1).						
4. CRIMINAL HISTORY						
Have you ever been charged or convicted of a crime other than a minor traffic violation? Yes No						
If the answer to this question is yes, it is possible that you will be requested to submit additional information before a decision is made regarding your application.						
5. APPLICATION FEE						
The application must include payment of the license fee of \$100. If paying by check, include a check made payable to the Fire and Building Services Fund. If paying by <i>Visa</i> or <i>MasterCard</i> , complete the information on the credit card form.						
6. AFFIRMATION						
I hereby affirm under penalty of perjury that all of the information provided with this application is true to the best of my knowledge:						
Signature: I	Date: _	e:				

ELEVATOR INSPECTOR LICENSE APPLICATION CREDIT CARD PAYMENT

The application must include payment of the license fee of \$100. If paying by *Visa* or *MasterCard*, complete the following information:

Full Name on Credit Card:						
Billing Address	Street:					
	City:		State	ZIP Code		
	Phone Number:		·			
	Credit Card (check one):	☐ Visa	☐ Master	Card		
Account Number:			_ Expiration Date	e (month/year):/		
CVV2 Number (last 3 digits of the number in the signature block on the back of the card):						
	r agrees to the obligations set r's Agreement with the issuer.	Signa	ature			